

EXHIBIT B

United States Bankruptcy Court for the Eastern District of New York		
Name of Debtor: Physicians Practice Plus, LLC Case Number: 18-71753		For Court Use Only Claim Number: 0000010067 File Date: 07/05/2018 16:35:16

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filets must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/16

Part 1: Identify the Claim

1. Who is the current creditor?	Arvind Walia
Name of the current creditor (the person or entity to be paid for this claim):	
Other names the creditor used with the debtor:	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name	
Address	
City	
State	ZIP Code
Country (if International):	United States
Phone:	
Email:	

4. Does this claim amend one already filed?	5. Do you know if anyone else has filed a proof of claim for this claim?
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes.	<input type="checkbox"/> Yes.
Claim number on court claims register (if known)	
Filed on	Who made the earlier filing?
MM / DD / YYYY	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	7. How much is the claim? \$ 61,590.00 Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Indemnification (Employee Related)
9. Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> with this Proof of Claim. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____	10. Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$	11. Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____
Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.
Value of property: \$	<input checked="" type="checkbox"/> No	
Amount of the claim that is secured: \$	<input type="checkbox"/> Yes. Check one:	Amount entitled to priority
Amount of the claim that is unsecured: \$	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
(The sum of the secured and unsecured amounts should match the amount in line 7.)	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
Amount necessary to cure any default as of the date of the petition: \$	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Variable	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) _____ that applies.	\$
		* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)? No Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Steven Landy, Esq.

07/05/2018 16:35:16

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Steven Landy, Esq.

Address Steven Landy & Associates, PLLC

270 Madison Avenue, Suite 1400

City New York

State NY

Zip 10016

Country (in international) United States

Phone 2126828510

Email slandy@landylaw.com

**SUPPLEMENTAL EXHIBIT(S) TO PROOF OF CLAIM FILED BY
ARVIND WALIA
IN RE PHYSICIANS PRACTICE PLUS, LLC, DEBTOR, NO. 18-71753 (AST)**

Asset Purchase Agreement and Employment Agreement, each dated in and around March 2015, between Debtor and Porteck Corporation and its Shareholders, is intentionally omitted pursuant to confidentiality agreement contained therein. Subject to confidentiality compliance, a copy of the agreement may be obtained from the offices of:

Steven Landy & Associates, PLLC
270 Madison Avenue, Suite 1400
New York, New York 10016
(212) 682-8510